

Appellate Docket Number: No. 04-19-00192-CR & No. 04-19-06

Appellate Case Style: State of Texas

Vs. Johnny Joe Avalos

Companion

Case(s):

Amended/Corrected Statement ☐

FILED IN
4th COURT OF APPEALS
SAN ANTONIO, TEXAS

8/5/2019 11:10:41 AM

DOCKETING STATEMENT (Criminal)

Appellate Court: Select

KEITH E. HOTTLE

(to be filed in the court of appeals upon perfection of appeal under TRAP 30) **CLERK**

I. Appellant	III. Appellee
<p>Name:</p> <p>Appellant Incarcerated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>	<p>Name:</p> <p>Appellee Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Bond Amount:</p> <p><input type="checkbox"/> Pro Se</p> <p><i>If Pro Se Party, enter the following information:</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Tel. Ext. Fax:</p> <p>Email:</p>
II. Appellant Attorney(s)	IV. Appellee Attorney(s)
<p><input checked="" type="checkbox"/> Lead Attorney Select</p> <p>Name: George W. Aristotelidis</p> <p>Bar No. 00783557</p> <p>Firm/Agency: Law Office of Jorge G. Aristotelidis</p> <p>Address 1: 310 South St. Mary's St.</p> <p>Address 2: Suite 1910</p> <p>City/State/Zip: San Antonio, Texas</p> <p>Tel. 210-277-1906 Ext.</p> <p>Fax: 844-604-0131</p> <p>Email: jgaristo67@gmail.com</p>	<p><input type="checkbox"/> Lead Attorney District/County Attorney</p> <p>Name: Andrew Warthen</p> <p>Bar No. 24079547</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. 210-335-1539 Ext.</p> <p>Fax:</p> <p>Email:</p>
<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext.</p> <p>Fax:</p> <p>Email:</p>	<p><input type="checkbox"/> Lead Attorney Select</p> <p>Name:</p> <p>Bar No.</p> <p>Firm/Agency:</p> <p>Address 1:</p> <p>Address 2:</p> <p>City/State/Zip:</p> <p>Tel. Ext.</p> <p>Fax:</p> <p>Email:</p>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject Matter or Type of Case):

Select

Type of Judgment:

Bench Trial

Date Trial Court imposed or suspended sentence in open court or date Trial Court entered appealable order:

2-19-19

Offense Charged:

Capital Murder

Date of Offense:

Defendant's Plea: Select

If guilty, does defendant have the Trial Court's Certificate to Appeal? ☒ Yes ☐ NoWas the Trial by: ☐ Jury ☒ Non-Jury

Date Notice of Appeal filed in Trial Court:

3/28/19

If mailed to the Trial Court clerk, also give the date mailed:

Punishment Assessed:

life without parole (sentences running concurrent)

Is the Appeal from the pre-trial order? ☒ Yes ☐ No

Does the Appeal involve the constitutionality or the validity of a statute, rule or ordinance?

☒ Yes ☐ No**VI. Actions Extending Time to Perfect Appeal**Motion for New Trial: ☒ Yes ☐ No If yes, date filed: 3-21-19Motion in Arrest of Judgment: ☐ Yes ☐ No If yes, date filed:Other: ☐ Yes ☐ No If yes, date filed:

If Other, please specify:

VII. Indigency of Party (Attach file stamped copy of Motion and Affidavit)Motion and Affidavit filed: ☐ Yes ☒ No ☐ N/A If yes, date filed:Date of Hearing: ☒ N/ADate of Order: ☒ N/ARuling on Motion: ☐ Granted ☐ Denied ☒ N/A If granted or denied, date of ruling:

VIII. Trial Court and Record

Court: 437th D. Ct.

County: Bexar

Trial Court Docket No. (Cause No.):
2018-CR-7068 & 2016-CR-10374

Trial Court Judge (who tried or disposed of the case):

Name: Hon. Lori Valenzuela

Address 1: Bexar County Courthouse

Address 2: Cadena Reeves Justice Center

City/State/Zip: San Antonio, Texas

Tel. 210-335-2711

Ext.

Fax:

Email:

Clerk's RecordTrial Court Clerk: ☒ District ☐ CountyWas Clerk's record requested? ☐ Yes ☒ No

If yes, date requested:

If no, date it will be requested:

Were payment arrangements made with clerk?

☐ Yes ☐ No ☒ Indigent**Reporter's or Recorder's Record**Is there a Reporter's Record? ☒ Yes ☐ NoWas Reporter's Record requested? ☒ Yes ☐ No

If yes, date requested:

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☒ Yes ☐ NoWere payment arrangements made with the court reporter/court recorder? ☐ Yes ☐ No ☒ Indigent☒ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name: Linda Hernandez

Address 1: 100 Dolorosa St.

Address 2:

City/State/Zip: San Antonio, Texas

Tel. 210-335-3228

Ext.

Fax:

Email:

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name: Roxanne F. Peña

Address 1: 100 Dolorosa St.

Address 2:

City/State/Zip: San Antonio, Texas

Tel. 210-335-2702

Ext.

Fax:

Email:

IX. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

X. Signature

Signature of counsel (or Pro Se Party)

8-5-19

Date

George W. Aristotelidis

Printed Name

00783557

State Bar No.

s/ George W. Aristotelidis

Electronic Signature (Optional)

George W. Aristotelidis

Name

XI. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows:

Signature of counsel (or Pro Se Party)

s/ George W. Aristotelidis

Electronic Signature (Optional)

00783557

State Bar No.

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:

Date Served: 8-5-19
Manner Served: Email
Name: Andrew Warthen
Bar No. 24079547
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel. 210-335-1539
Ext.
Fax:
Email:
Party:

Date Served:
Manner Served: Select
Name:
Bar No.
Firm/Agency:
Address 1:
Address 2:
City/State/Zip:
Tel.
Ext.
Fax:
Email:
Party:

Please enter the following for each person served that is not an attorney for a party:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel.
Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel.
Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel.
Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel.
Ext.
Fax:
Email: